

The early days of HPB: A personal reminiscence

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Approach through basic science

As a medical student I was already fascinated by medical research, an interest that remains unchanged long into my retirement from active surgery. It was quite natural for me to start my education and training in research in parallel with my studies at the Medical School of Lund University. After the conclusion of my MD in 1956 I worked full time in basic research and obtained my PhD in 1958. Growth of tissues, both malignant and normal, became my early fascination, and I spent endless hours during the day and night with various in vitro and in vivo models available at that time, such as tissue culture and models for regeneration after both toxic and surgical injuries. My favourite tissues for study came from the prostate and increasingly the liver.

Biliary surgery predominated

Fifty years ago biliary surgery constituted a large part of general surgery at all types of hospital. It was not uncommon for up to ten percent of the surgical beds to be used for biliary surgery, mainly cholecystectomies. Pancreatic surgery had developed quickly after the Second World War, but it was not organised and most contributions consisted of single or a few cases published by general surgeons; mortality and morbidity rates were extremely high. Portal hypertension surgery had developed extensively in the post-war years, mainly through contributions of American surgeons such as Blakemore, Linton, Longmire, Drapanas and later Warren. Liver resections were also performed, but to a much less extent, mostly in the USA and mainly by two groups of surgeons: George Pack and his collaborators at Memorial Hospital, New York and Bill Longmire at UCLA in Los Angeles. I established early links with them both. George Pack invited me to come and work with him, but I had to decline for family reasons. Bill Longmire and I became good friends, as we often met at various meetings where we were invited to speak about different facets of liver surgery.

In Europe fifty years ago, liver and pancreas surgery was still in its infancy. It is true that two European textbooks had been published about liver resections, one by Karl Stucke in Würzburg, Germany and the other by Vittorio Pettinari in Padua, Italy. Pettinari was said to have performed the first Western-type left lobectomy shortly before the Second World War, while the first Western-type right lobectomy was performed soon afterwards by Lortat-Jacob in Paris. Stucke's book seemed to be based more on a reading of the literature than personal experience. I was about to finish my training, when in 1961 I approached my professor, Ragnar Romanus, at the University of Göteborg, suggesting that we should start clinical liver surgery. He responded enthusiastically that he would give me the go-ahead when I had observed at least one liver resection being done. The Swedish car manufacturer, Volvo, in Göteborg, was pioneering safe cars and showed a great interest in trauma and its prevention. They had for the purpose instituted a research fund for medical research, particularly in trauma. Professor Romanus was a member of the research council, and he ensured that I received a stipend to go abroad to study clinical liver resection; the only place where I could expect a liver resection to be done regularly was with Pettinari in Padua. My young wife and I spent some of the most wonderful times of our lives in Padua, enjoying the splendid climate in late spring and the Italian lifestyle. After waiting for a little more than one month, I finally saw Professor Pettinari (direttore) perform a limited left segmentectomy with four associate professors (professori) assisting him – a fantastic show. Now there should be no obstacles to our starting to build a section of hepatic surgery in Lund, hopefully also with time to include biliary, pancreatic and portal hypertension surgery.

Early personal attempts

In the period 1966–1970 my early collaborators, Olle Almersjö, Lennart Engevik and Larsolof Hafström, and I published our experience with both human liver resection

and ischaemic therapy (hepatic dearterialisation). The appointment in 1970 to follow Philip Sandblom as professor and head of department at the University of Lund gave me excellent opportunities to continue to build an HPB centre. Philip Sandblom was well known for his biliary works and was a pioneer of European portal hypertension surgery. He was also interested in and had performed liver resections. The opportunity to build an HPB centre on the foundations laid by Professor Sandblom was exciting, and strenuous efforts were made to take good care of this inheritance and develop it further in partnership with the excellent scientists and surgeons in the department such as Bo Arnesjö, Albert Broome, Larsolof Hafström, Torsten Holmin, Ingemar Ihse, Johannes Vang and others. Among those who trained in the department during the seventies and eighties were distinguished HPB surgeons and scientists such as Roland Andersson, Henrik Ekberg, Bengt Jeppsson and Karl Tranberg; since my retirement in 1994 they continue to carry on the HPB tradition at Lund University.

The B team

My somewhat younger colleagues Leslie Blumgart in Glasgow (and later at Hammersmith in London) and Henri Bismuth in Paris, also Rudolf Pichlmayr in Hannover, were developing HPB centres at the same time. It meant a great deal to me to get to know them and to share knowledge and experience with them. Pichlmayr seemed to dislike international meetings and did not participate very often, but he sent his pupils Christoph Broelsch and Peter Neuhaus to replace him. I am very grateful to these individuals for all the inspiration and support they have given me during the years and I continue to collaborate with them today, especially Peter Neuhaus and his team in Berlin, with whom I share many scientific interests.

Blumgart, Bismuth and I as a group were invited to present papers at numerous meeting. As our last names start with B, we were often introduced as “the B team”, at one time interpreted by Michael Trede as the “Bach, Beethoven, and Brahms of hepatic surgery”. I will always remain thankful to Leslie Blumgart and Henry Bismuth for the inspiration they gave me during an important period in my life. I made an early decision not to take up clinical liver transplantation at Lund as the resources were rather limited, and an expansion of liver surgery into transplantation could only be done at the expense of other surgical specialities. Conditions were very different in a world metropolis

such as London or Paris. Although possibilities for transplantation were somewhat better in London, Leslie Blumgart also reached the decision to focus on liver resection, while the youngest of us, Henri Bismuth, wisely enlarged his HPB service to include human liver transplantation. In my judgement, both of these men made correct decisions and both have contributed enormously to the development of their respective fields.

As already mentioned, access to relevant patients was much less common at a relatively small medical centre such as Lund University; we could not and should not have tried to compete with large clinical bases elsewhere. Instead our opportunities were to be found in the excellent facilities for experimental animal studies, access to a large group of basic scientists and possibilities for advanced pathophysiological studies on limited clinical material. My burning interest in research and the conditions offered made it natural to focus on experimental research and communication between scientists.

A formal organisation of HPB surgeons

While Bismuth increasingly focussed on transplantation work and Blumgart on liver resection and his important textbook, I felt that I could make my contribution by facilitating better communications between surgeons interested in HPB Surgery. In addition to the Surgical International Society (SIS) and the Collegium Internationale Chirurgiae Digestivae (CICD), two specialist groups existed in 1980: the International Biliary Association (IBA) and the Pancreatic Club (PC). I was a member and had served on the Council of all of these bodies except the Pancreatic Club. In addition, I was Treasurer of the IBA for several years. Both the IBA and the PC had the characteristics of a club, i.e. they seemed at that time to be associations for a limited and distinguished interdisciplinary group of mainly Western scientists. Nor was there any publication especially dedicated to HPB Surgery.

It was obvious from the literature that an overwhelming portion of experience in HPB surgery was to be obtained from developing countries, especially Asia, and particularly so in biliary and hepatic surgery. It was in Asia that the finger-fracture technique was developed for liver resection and was successfully practised. Lack of funding, language problems but also lack of education in how to write an abstract or a manuscript often proved a barrier to publishing in reputable international journals or to taking an active part in international meetings. I felt that I could

have a mission in trying to bridge these gaps by organising a meeting in which the whole world might participate, taking the initiative to form a truly worldwide association and to start a journal with 'opportunities for all'. Experienced colleagues with a good command of the English language volunteered to edit manuscripts from the third world.

Friendship across the borders

There were in those days (as is still the case) many international political tensions. The world was even more divided than it is today, and the possibilities for colleagues from the communist countries to participate in meetings in Western countries were limited for both political and financial reasons. To achieve our goal, it was clear that we would have to be very pragmatic and flexible. It was important not just to keep membership and participation fees to an absolute minimum, but also to set fees individually for each country. Even an annual membership fee as low as 25 USD could otherwise mean that colleagues in some countries had to sacrifice a whole month's salary to be a member. Furthermore, money could not flow freely between countries, so it was necessary to keep the membership fees within the various countries for eventual future use in connection with meetings. But these measures were not enough: it was sometimes important to exempt delegates from fees and, if possible, to provide stipends. Although sound financial support of the journal was needed, there should be no compulsory subscription to the journal, which otherwise would automatically increase the membership fee and prevent participation from under-privileged countries. Furthermore, we felt it important that we should get to know each other as friends. 'Friendship across the borders' became the motto, and the best catalyst was a rich and informal social programme; yet running social programmes either free of charge or at low cost is a difficult matter.

An HPB course and a PhD programme

It was considered important to offer formal courses for colleagues from around the world. Bismuth in Paris, Blumgart in London and others started their own annual courses; so did we in Lund. Most of the participants in the Lund course came from Eastern and Southern Europe, with a large contingent from Asia or Australasia. The course in Lund lasted a full week, with one day dedicated to each of

the organs: biliary tract, pancreas, liver and portal tree. The last day (Friday) was usually set aside for presentations by the participants, who also had posters exhibited throughout the week, plus general discussion and demonstrations of experimental procedures. An informal social programme was arranged during all five evenings. The course was well attended from the beginning and continued to be so until it was closed in connection with my retirement in the early 1990s.

I also felt it important to try to contribute to a formal education in HPB-related science by setting up a PhD programme for colleagues from under-privileged countries. Lund University already had a well-developed PhD programme for home students, which was easy to adapt for those from abroad. These courses provided a small financial surplus, which could be used for stipends to PhD students. The programme became very popular and attracted students not just from the communist countries and the third world, but also from developed countries. Communication with mature students who were studying for the highest degree available gave me special pleasure. During my 25 years as chairman of the Department of Surgery at Lund I had the privilege of seeing as many as one hundred young scientists, both Swedish and international, achieve a PhD degree. Most of these students have continued to flourish and today hold important posts at various universities, institutions and hospitals around the world. Continuing to communicate with some of them, sometimes by collaboration and often by exchange of knowledge, thoughts and ideas remains a source of great personal satisfaction.

First meeting in 1986

The original idea for the meeting was not mine: it came from Anders Nobin, a young and extraordinarily gifted young colleague, who to our despair died not long thereafter, having had a combined lung-heart transplant for malignant disease. Anders served as general secretary of the meeting. His wife Birgitta, also a surgical colleague, assisted him well and did her best to give the meeting a friendly touch. It was generally felt that the atmosphere would be more personal if we did not use a professional organisation to arrange the meeting. Instead we should all participate with our families as well as involving as many students, nurses, secretaries and laboratory assistants as possible. It was also crucial to finance the event.

Great enthusiasm and fierce opposition

A flier announcing the first World Congress of HPB Surgery with a suggestion to form a World Association of HPB Surgery (WAHPBS) was printed and distributed. The invitation was generally met with enthusiasm from distinguished surgical colleagues around the world, and we received numerous letters from leading HPB surgeons who offered their contributions. Although I made extensive attempts to invite everyone, unfortunately I overlooked a few important individuals. I am very grateful to all those who wrote me letters and offered their participation and support. I cannot mention everyone who was particularly supportive, but they included Martin Adson, Niels van der Heyde, Basil Kekis, Bernard Langer, Miles Little, Hugh Obertop, Kenneth Warren and Robin Williamson, just to mention a few. Some others were less enthusiastic or even opposed the idea.

It was anticipated that the SIS and CICD might not welcome the idea of a specific society for HPB surgeons, preferring to keep everything under one umbrella. The Pancreatic Club showed no reaction, but to my surprise several influential members of the IBA expressed concern that the new WAHPBS was competitive to the IBA, something that I had not foreseen. I was an active member of the IBA and served as Treasurer. I regarded it as a rather elitist organisation, the membership of which mainly consisted of leading scientists from the Western world and, as the name suggested, focussed only on the biliary tract. By contrast, the new World Association aimed to involve everyone, young and old, and to deal with all HPB organs; thus its goal was very different from that of the IBA.

First meeting of the WAHPBS, 9–13 June 1986

The meeting attracted nearly 600 participants, which was about as many as could be accommodated in a small university town like Lund. Some 500 abstracts were received and presented from the following countries: Algeria (1), Argentina (6), Austria (2), Brazil (6), Canada (9), China (17), Denmark (1), Egypt (6), Estonia (1), France (16), Greece (3), Hong Kong (4), Iceland (1), India (8), Iran (3), Japan (53), Yugoslavia (4), New Zealand (2), Norway (3), Poland (7), Portugal (4), Russia (7), Saudi Arabia (1), Sweden (47), Switzerland (16), Spain (7), South Africa (3), Taiwan (5), Thailand (1), The Netherlands (10),

Turkey (7), United Kingdom (31) and United States of America (36). The ambition to involve the whole world was realised to a much greater extent than we could have dreamt.

Most of the leading HPB surgeons at that time participated actively and enthusiastically. Ken Warren introduced the meeting with a lecture entitled '50 years of HPB Surgery'. Other guest lecturers were Richard Simmons (Septic problems in HPB surgery), Seymour Schwartz (Bleeding problems in HPB surgery), Peter Cotton (Endoscopic approach to HPB surgery) and Anders Lunderquist (Radiological approach to HPB problems). In addition a whole series of symposia were organised with the following moderators:

1. Hilar cholangiocarcinoma – stented or resected (Leslie Blumgart)
2. Conservative and aggressive approach to HPB trauma (Miles Little)
3. Pancreas transplantation – only for patients with renal insufficiency (Carl-Gustaf Groth)
4. Sepsis in HPB surgery – diagnosis, prevention and treatment (Richard Simmons)
5. To drain or not to drain in HPB surgery – that is the question (Onno Terpstra)
6. Liver resection for colorectal metastases – when and to what extent? (Paul Sugarbaker)
7. Preoperative biliary drainage in patients with lower biliary obstruction (John Terblanche)
8. Problems in surgery of cirrhotic patients (Seymour Schwartz)
9. Management of primary liver cancer (Jim Foster)
10. Are implantable pumps improving the results of chemotherapy in hepatic tumours? (Cornelis van der Velde)
11. Pancreatic pseudocysts and lesser sac accumulations – conservative or interventional treatment (Niels van der Heyde)
12. Identification and treatment of common duct stones before cholecystectomy – something for the future (Bernard Langer)
13. TPN in patients with hepatic insufficiency and sepsis – facts and myths (J.E. Fischer)
14. Liver transplantation with hepatic segments – orthotopic or heterotopic approach? (Christoph Broelsch)
15. Does the ultrasound dissector improve the quality of HPB surgery? (JB Hodgson)

16. Is aggressive surgery justified in chronic pancreatitis? (Enrique Moreno-Gonzales)
17. Selective or total shunts in portal hypertension – facts and myths (Irving Benjamin)

The meeting ended with a farewell reception and was followed by a post-congress symposium on ischaemic treatment/hepatic dearterialisation in hepatic tumours. In addition to the lectures and symposia, numerous free papers, posters, videos and films were presented. The social program was, in chronological order: informal get-together, concert in the cathedral, reception at the natural history museum Kulturen, Congress dinner. A full programme was organised for accompanying persons, which included sightseeing and shopping in Copenhagen, a visit to the glass district and a tour of castles in Southern Sweden.

I believe I have the right to conclude that the Congress was a great success, both scientifically and eventually even more so in social terms. Over the years I have met many participants who reminded me how much they enjoyed the meeting, remembering especially the warm and friendly atmosphere.

A true world movement

I recently had the opportunity of participating in the ninth (or fifth since the merger between the WAHPBS and the IBA) World Congress of HPB Surgery. It was a great joy to me to see how the movement has developed since its humble start. The warm and friendly atmosphere of the early days has survived. Tadahiro Takada, our host in Tokyo, and the new leaders of the IHPBA, Joseph Lau, Henry Pitt, Steven Strasberg, James Toouli, did their very best to maintain a personal and friendly climate despite the fact that the Congress has grown so big, attracting more than 1 600 participants and presentations.

I was very pleased to find that this biennial meeting is still termed a World Congress, even though the word 'world' is no longer a part of the name of our Association (which I regret). To me, 'world' is a much more powerful word than 'international'. Every association that involves two or more countries is international, while a true world movement involves, if possible, every country.

It is good to remember that four World Congresses (Lund, Amsterdam, London, Hong Kong) were arranged before the last five organised by the new IHPBA (Boston, Bologna, Madrid, Sydney, Tokyo). The 2006 meeting in Edinburgh will mark the 20th anniversary of the first World Congress of HPB Surgery. I sincerely hope that I will remain healthy and able to participate.

Editor's note

Readers interested in the process by which the IHPBA was formed from its two parent bodies, the WAHPBS and the old IBA (or IHBPA: note the slight difference in initials), are directed to my article in the first issue of this journal, as follows: Williamson RCN. The origins of the IHPBA. *HPB* 1999; 1: 7–12.

Those wishing to discover more about the late Professor Philip Sandblom, who died last year on 21 February 2001 at the age of 97 years, are directed towards the article in our *HPB Pioneers* series by Professor Ingemar Ihse of Lund, as follows: Ihse I. *HPB* 2001; 3: 220–221.

Lastly, if you would like to learn more about the Department of Surgery at Lund then you may wish to consult the article on the HPB Unit in that city in our *HPB Clinics around the World* series, as follows: Ihse I, Andersson R, Tranberg K-G. *HPB* 2000; 2: 403–407. This *HPB Clinics* article contains a fine colour photograph of the three protagonists: Ingemar Ihse, Philip Sandblom and Stig Bengmark.

Robin Williamson